

# POWER OF ATTORNEY

PATENT  
CL-213

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

(check the following item, if applicable)

- ☐ Attached as part of this declaration and power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

## SEND CORRESPONDENCE TO

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(Name and telephone number)

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## DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

Full name of sole or first inventor

1-00 Petra Boyle

Inventor's signature

Petra Boyle

Date 03-05-93

Country of Citizenship

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Full name of second joint inventor, if any

2-00 Gayle D. Wetzel

Inventor's signature

Gayle D. Wetzel

Date 3-5-93

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Full name of third joint inventor, if any

3-00 Kenneth J. Lembach

Inventor's signature

Kenneth J. Lembach

Date 3-5-93

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**CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH  
FORM A PART OF THIS DECLARATION**

☐ Signature for third and subsequent joint inventors. *Number of pages added* \_\_\_\_\_

☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. *Number of pages added* \_\_\_\_\_

☐ Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR 1.47. *Number of pages added* \_\_\_\_\_

\* \* \*

☐ Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.

☐ Number of pages added \_\_\_\_\_

\* \* \*

☐ Authorization of attorney(s) to accept and follow instructions from representative

\* \* \*

***If no further pages form a part of this Declaration then end this Declaration with this page and check the following item***

☒ **This declaration ends with this page**

